



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

12/04/89

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD100903699
FACILITY NAME ->	KEARNY HIGH SCHOOL
MAILING ADDRESS ->	336 DEVON ST KEARNY, NJ 07032
INSTALLATION ADDRESS ->	336 DEVON ST KEARNY, NJ 07032

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BARBONE, MIKE
KEARNY HIGH SCHOOL
336 DEVON ST
KEARNY, NJ 07032

[illegible]

Installation's EPA ID Number									Approved			Date Received yr. mo. day)			017 HUDSON								
C	N	J	D	1	0	0	9	0	3	6	9	9	T/A	C					8	9	1	1	0
F														1									

[illegible]

		Street or P.O. Box																	
C																			
3		3	3	6		D	E	V	O	N		S	T						

	City or Town																State	ZIP Code				
C 4	K	E	A	R	N	Y											NJ	0	7	0	3	2

[illegible][illegible]

Name and Title (last, first, and job title)													Phone Number (area code and number)										
C	M	I	K	E	B	A	R	B	O	N	E			2	0	1	9	5	5	5	0	3	3
2																							

A. Name of Installation's Legal Owner															B. Type of Ownership (enter code)							
C R	3	0	A	R	D		O	F		E	D.		O	F	K	E	A	R	N	Y		P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) _____

X. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification
 ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only														
C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D001	F002				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

- ☒ 1. Ignitable (D001)
 ☒ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) MIKE BARBONE	Date Signed 10-27-89
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89 NOV -2 PM 2:03

NEW YORK, N.Y.
AGENCY, REGION II
FEDERAL BUREAU OF INVESTIGATION